

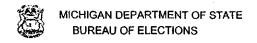
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## CANDIDATE COMMITTEE COVER PAGE

CARDE SAUNTY CLERK FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement Covers From: / / 07 to 13 3/ 07  Mo Day Year Mo Day Year			
1. Committee I.D. Number 36866 2. Committee Name  CTE Charles Horrow	4. Candidate Last Name First Name M.I.  HORTON. CHARUSS  4a. Office Sought Including District # or Community Served (If applicable)			
CIL CHARLOS FIORENCE	4b. County of Residence			
5. Committee's Mailing Address 518489 TWP 8511 Sp860WAY 48317	6. Treasurer's Name & Residential Address  SAME			
Area Code and Phone <u>586</u> <u>255</u> <u>75</u> <u>73</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mall may be sent to this address by the filing official.	Area Code & Phone ()			
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
SAME				
Area Code and Phone ()	Area Code and Phone ()			
9. TYPE OF STATEMENT		9c. Annual Statement (206) Coverage Year)		
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Primary Gene	eral·	9e. Dissolution of Candidate Committee		
☐ Convention ☐ Scho	ool	Effective Date of Dissolution		
☐ Special ☐ Caux	aus sux	Month Day Year		
Date of Election, Convention or Caucus		By checking this item, fWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if		
Month Day Year		the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or Designated Record keeper (hon 133 D Hon To N) Date 2 33 09 Type or Print Name Signature Date 2 37 09 Mo Day Year				
Candidate Charles D Horron , CDA Date 2 23 09				
Authority granted under P.A. 388 of 1976				



## **SUMMARY PAGE CANDIDATE COMMITTEE**

1. Committee I.D. Number 136866

2. Committee Name CTE Charles Horto,

RECEIPTS	Column I	Column ti
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.)\$	
	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)      Amount received during reporting period	(13.) \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ <u>O</u>	•